

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 98000058157**

1. Corporation Name

FLORIDA MARKETING AND BROKERAGE CORP.

2. Principal Office Address - No P.O. Box #

4301 S. 70th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

TAMPA

City & State

Zip **33619**

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

JORGE L. FUENTES

Street Address (P.O. Box Number is Not Acceptable)

4301 S. 70th St

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jorge Fuentes

REGISTERED AGENT MUST SIGN

Date **5/1/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JORGE L. FUENTES	4301 S. 70th St	Tampa FL 33619

10. E-mail Address:

Jorge Fuentes

FLORIDA MARKETING 65@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jorge Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2010

786-4538

FILED

10 MAY -6 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0810

800180499838

05/06/10--01041--005 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/1998

5. FEI Number

65-0847445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.